



NORTHERN LIGHTS GYMNASTICS

94 Olcott Drive • White River Junction, VT 05001
(802) 295-2070 • www.northernlightsgymnastics.com



REGISTRATION INFORMATION

Student's Name: _____ Sex: _____ Age: _____ D.O.B. ____/____/____

Address: _____ City: _____ Zip Code: _____

1st Parent's Name: _____ Daytime #: _____ Cell #: _____

1st Parent's Home Phone: _____ E-Mail: _____

2nd Parent's Name: _____ Daytime #: _____ Cell #: _____

2nd Parent's Home Phone: _____ E-Mail: _____

Class Desired (specify days and times) _____

Class cost \$ _____ Annual Registration Fee \$20 _____ Total Payment \$ _____

MEDICAL INFORMATION

Please tell us of any medical condition that we need to be aware of (including allergies):

PARENT/GUARDIAN WAIVER AND RELEASE FORM

You agree that your child named above will be engaging in physical exercise involving gymnastics, a coordination event, and fitness training, which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, Northern Lights Gymnastics, Inc., our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair the ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitation to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

Payment must accompany registration form. Checks should be made out to Northern Lights Gymnastics. Visa and MasterCard are accepted. NLG staff will contact you ONLY if there is a problem with your registration. There is a annual registration fee of \$20 per child (maximum of 2 per family).

If paying by credit card, Credit Card Number: _____

Expiration Date: _____ Security code: _____ Authorized Dollar Amount: _____

Cardholder Signature: _____